

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

October 9, 2015

Ms. Paula Patorti, Administrator  
Our House Too Residential Care Home  
69 1/2 Allen Street  
Rutland, VT 05701-4501

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 9, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief



PRINTED: 09/23/2015  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/09/2015
NAME OF PROVIDER OR SUPPLIER  OUR HOUSE TOO RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 69 1/2 ALLEN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite investigation of a complaint was conducted by the Division of Licensing & Protection on 9/9/2015. The following regulatory deficiencies were identified as a result of this investigation:	R100		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that the written plan of care reflected the resident's current needs regarding dental care for Resident #1. Findings include:  Per record review the plan of care for R#1 states that the resident is an assist in oral care (brushing teeth). In an interview on 9/9/15 at 11:25 AM the facility Manager stated that R#1 had become unable to thoroughly, independently brush his/her teeth and that staff were brushing the resident's teeth as s/he allowed. The flowsheets used by direct care staff reflect that the resident either brushed his/her own teeth or was assisted to brush his teeth but that they did brush his teeth any time he allowed. In a telephone interview on 9/10/15 at 11:36 AM the facility Manager confirmed that the plan of care had not been updated to reflect the change in functional status	R145  R145	New Care plan forms designed in June 2015 would have avoided this deficiency (see Resident Care plan form) we are in the process of updating all care plans with this new form. All Care plans will be updated with the new form by 11/1/15. Manager will monitor for completion and accuracy.	11/1/15

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6889

5X8T11

If continuation sheet 1 of 4

R145 - R191 POCs accepted 10/6/15 pmtcawen

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R145	Continued From page 1  and the need to attempt to provide total mouth care when the resident allowed it.	R145		
R191 SS=A	<b>V. RESIDENT CARE AND HOME SERVICES</b>  <b>5.12 Records/Reports</b>  <b>5.12.c A home must file the following reports with the licensing agency:</b>  <b>5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.</b>  <b>5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.</b>  <b>5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</b>  <b>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an</b>	R191		

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R191	<p>Continued From page 2</p> <p>incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the unexplained absence of a resident (Resident #2) from the facility for more than 12 hours was reported to the licensing agency within 24 hours of the disappearance. Findings include:</p> <p>Per record review and staff interviews R#2, who was admitted on 5/4/15, has exhibited exit seeking behaviors since admission. On 9/4/15 a delivery person, from a local pharmacy, held the door open for the elderly resident to exit during their arrival at the facility. The delivery person was new to the facility. Within half an hour it was noted that R#2 was not seen. A search of the facility was conducted since R#2 does roam throughout the facility. At that point the police, facility administration, and family were notified and a search of the perimeter of the facility was conducted. As more staff, family and police arrived the search was expanded throughout the neighborhood and the community. Visits to hotels, restaurants, convenience stores and the Vermont State Fair grounds did not yield any information except for the nearest fast food restaurant where staff believed they may have</p>	R191	<p><i>This was an error of this administrator - I read and misinterpreted the regulation after searching all night. This will NOT happen again - Administrator will assume all responsibility so this oversight is NOT repeated.</i></p>	9/9/15

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R191	Continued From page 3  served him/her a drink. Staff, family, and police continued to search throughout the night. The facility was notified at 10 AM on 9/5/15 that the resident had been located at a neighborhood motel, where s/he had spent the night. R#2 was taken to the hospital Emergency Room to be checked and then returned to the facility.	R191			



# Resident Care Plan

Introduction to Our House Residential Care Homes "Care Plan" for its residents. Our House is a special care unit for people with dementia. Due to their cognitive impairment it is imperative that everyone knows that all things outlined on the Care Plan will be considered "as tolerated". In the event of a significant change, the care plan should be updated with a new care plan form as well as a new assessment.

Our House philosophy is unusual within the world of long term care due to cognitive impairment. All care givers must know that a resident who is awake at night and isn't willing to go back to bed, should be offered a snack or activity instead of being expected to "stay in bed", or even in their room.

Anxiety may be caused by many things, from the level of noise, the kind of music or television, or simply visitors. It has been noted that many residents experience anxiety when surveyors or inspectors are in the house. We expect residents to be redirected when they are experiencing challenging times before administering a medication.

Resident: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Assessment Date: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_

## Mobility/Ambulatory Device

☐ Walks Indep. ☐ Cane ☐ Walker ☐ W/C

Fall Risk ☐ Yes ☐ No

If yes, preventive measures: \_\_\_\_\_

## Transfer

☐ Indep. ☐ 1 Assist ☐ 2 Assist ☐ Hoyer

Comments: \_\_\_\_\_

## Diet

☐ Regular ☐ Therapeutic ☐ Mechanically Alt.

Admission Weight \_\_\_\_\_ lbs

☐ Standing Scale ☐ Seated Scale

## Hearing Aid

☐ Right ☐ Left

## Vision

☐ Normal ☐ Impaired ☐ Blind ☐ Glasses

Comments: \_\_\_\_\_

## Mouth Care

☐ Indep. ☐ Assist ☐ Dentures

Additional Info, Comment: \_\_\_\_\_

## Personal Hygiene

*Showering/Daily Wash-ups*

☐ Setup ☐ Assist ☐ Dependant

*Dressing*

☐ Setup ☐ Assist ☐ Dependant

*Hair Care*

☐ Setup ☐ Assist ☐ Dependant

## Bladder/Bowel Status

☐ Cont. ☐ Incont. ☐ BL ☐ BO

Management plan: \_\_\_\_\_

## Skin Integrity

☐ Preventive Care ☐ Wound Care ☐ Other

Explain: \_\_\_\_\_



# Resident Care Plan

## Speech

☐ Normal ☐ Impaired

## Behavior/Cognitive Skills

☐ Alert ☐ Noisy ☐ Depressed  
☐ Uncooperative ☐ Irritable ☐ Confused  
☐ Antisocial

Plan: \_\_\_\_\_

## Nail Care/Foot

☐ VNA ☐ Dr. B ☐ Dr. C ☐ OH/RN

## Wandering Risk

☐ Inside ☐ Outside ☐ Wants to Leave  
☐ Wanders at Night ☐ Rummages ☐ Layers Clothing  
☐ Hoards

Comments: \_\_\_\_\_

## Decision Making

☐ Indep. ☐ Mod. Indep. ☐ Mod. Impaired  
☐ Severely Impaired

## Psychoactive Medication

☐ Monthly Flow Sheet ☐ AIMS Testing

Intervention: \_\_\_\_\_

## Routine

☐ Stays Up Late ☐ Naps During the Day  
☐ Goes Out Regularly ☐ Likes to Be Busy

Likes to: \_\_\_\_\_

## Pain Management & Monitoring

☐ Needs Pain Management Related to: \_\_\_\_\_

☐ Follow Pain Management as Ordered: \_\_\_\_\_

☐ Monitor & Record Effectiveness

☐ Encourage Mobility/Physical Activity

☐ Offer Activities as Desired to Distract Pain

☐ Use Alternate Comfort Measures: ☐ Cold ☐ Heat ☐ Massage ☐ Repositioning ☐ Relaxation

Additional Comments: \_\_\_\_\_

Care Plan Reviewed:

_____	_____	_____	_____
_____	_____	_____	_____